

RECOMMENDATION FOR FUNDING
NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
SFN 52660 (10/00)

PUBLIC FACILITIES AND HOUSING				
Applicant		Chief Elected Official		Phone Number
Street Address, City, Zip		Contact Person		Phone Number
		Administrator		Phone Number
County	Region	Committee Chair		Phone Number
Project Name				
National Objective (Check Only One)		Proposed Benefit (Check Only One)		
<input type="checkbox"/> Benefit to LMI <input type="checkbox"/> Slum & Blight <input type="checkbox"/> Urgent Need		<input type="checkbox"/> LMI - Area Wide Benefit _____ No. of Persons/_____ Number of Households _____ No. of LMI Persons/_____ % LMI Persons _____ No. of LMI Households/_____ % LMI Households <input type="checkbox"/> Special Assessments _____ No. of Households in Project Area _____ Percent of LMI Households in Project Area <input type="checkbox"/> Limited Clientele _____ No. of Persons with a Mobility Limitation _____ No. of Elderly Persons in Project Area _____ No. of Limited Clientele to Benefit		
It is the decision of the Regional Review Committee to recommend funding on this project. The dollar amount for funding should be \$_____ (\$_____ for administration and \$_____ for _____). The cost break down should be as follows:				
Cost Breakdown				
Activity	Local	Other	CDBG	Total
Administration				
Total				
Reason for Recommendation (Use separate page, if necessary)				
_____ Review Committee Chairperson			_____ Date	
_____ DCS Staff			_____ Date	
_____ DCS Director			_____ Date	
_____ Date			Concurrence Yes <input type="checkbox"/> No <input type="checkbox"/>	
_____ Date			Concurrence Yes <input type="checkbox"/> No <input type="checkbox"/>	